Existing Parcel #	Permit # _
Proposed Parcel #	

EXISTING LOCATION

BUILDING MOVING PERMIT APPLICATION TOWN OF WINNECONNE

Owners name	Phone
Address	
PROPOSED LOCATION	
Owners name	Phone
Address	
Contractors name	_Phone_
Contractors address	Fax #:
Size of building to be moved	Age of building to be moved
Proposed route	
Date of Move	Start Time
Route	
Road closure needed YES	NO If YES, anticipated length of time for closure
Police escort required YES	_ NO
Attachments/Other Requirements:	Renovation plans Certificate of Insurance Utilities release forms Surety Bond
Date of Board Approval	
	onne, 6494 County Road M, Winneconne WI 54986. PH: 582-3260 Fax: 582-3207 Paynes Point Rd., Neenah, WI 54956 PH: 920-428-3361 or 920-729-4947

Total Fees \$ _____